

Florida Health Care
Activity Coordinators Association
Application for Copy of Continuing Education Certificate

Location of Conference Seminar or workshop _____

Dates of Conference or Workshop _____

If you are seeking a copy of Annual Conference certificate.

Did you attend: _____ Entire Conference or _____ One Day Session (Please check one)

Reason for Copy: _____ Destroyed | _____ Lost / Misplaced (Please check one)

Please Enclose a Check for \$25.00 Made Payable to **FHCACA**

(NOTE: Only one copy will be provided)

The processing fee is in accordance with FHCACA Rule-Passed July 22, 2003

Please Send Request and Check:

Patty Hughes
7798 S.W. 75 Avenue
Ocala, FL 34476
Email: PattyMacHughes@yahoo.com

Name _____

Mailing address (Preferably Home) _____

City _____ State _____ Zip Code _____

Phone Number you can be reached during business hours _____

Signature of Applicant _____

Date _____

Please allow two to three weeks for return application